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PTO/SB/21 (09-04)

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|                                                                                         |                        |                    |
|-----------------------------------------------------------------------------------------|------------------------|--------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/735,858         |
|                                                                                         | Filing Date            | December 16, 2003  |
|                                                                                         | First Named Inventor   | Izumi HATA, et al. |
|                                                                                         | Art Unit               | 2828               |
|                                                                                         | Examiner Name          | Phillip Nguyen     |
| Total Number of Pages in This Submission                                                | Attorney Docket Number | 029116.53064US     |

| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) ____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Postcard |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                         |          |        |
|--------------------------------------------|-------------------------|----------|--------|
| Firm Name                                  | CROWELL & MORING LLP    |          |        |
| Signature                                  |                         |          |        |
| Printed Name                               | Robert L. Grabarek, Jr. |          |        |
| Date                                       | August 14, 2006         | Reg. No. | 40,625 |

| CERTIFICATE OF TRANSMISSION/MAILING                                                                                                                                                                                                                                                                           |                 |      |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------|-----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                 |      |                 |
| Signature                                                                                                                                                                                                                                                                                                     |                 |      |                 |
| Typed or printed name                                                                                                                                                                                                                                                                                         | Blanca E. Munoz | Date | August 14, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**FEE TRANSMITTAL**  
**For FY 2006****Complete if Known**

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/735,858         |
| Filing Date          | December 16, 2003  |
| First Named Inventor | Izumi HATA, et al. |
| Examiner Name        | Phillip Nguyen     |
| Art Unit             | 2828               |
| Attorney Docket No.  | 029116.53064US     |

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 00.00

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 05-1323 Deposit Account Name: Crowell & Moring LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                                        | Fee (\$)            | Small Entity Fee (\$) |
|------------------------------------------------------------------------|---------------------|-----------------------|
| Each claim over 20 (including Reissues)                                | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)                     | 200                 | 100                   |
| Multiple dependent claims                                              | 360                 | 180                   |
| <b>Total Claims</b>                                                    | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| - 20 or HP = _____                                                     | x 50.00 = _____     |                       |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                       |
| <b>Indep. Claims</b>                                                   | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| - 3 or HP = _____                                                      | x 200.00 = _____    |                       |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                       |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|               |              |                                                  |          |               |
|---------------|--------------|--------------------------------------------------|----------|---------------|
| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____             | = _____  |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

|                   |                                |                                          |                        |
|-------------------|--------------------------------|------------------------------------------|------------------------|
| Signature         | <u>Robert L. Grabarek, Jr.</u> | Registration No. (Attorney/Agent) 40,625 | Telephone 949-263-8400 |
| Name (Print/Type) | Robert L. Grabarek, Jr.        |                                          | Date August 14, 2006   |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/735,858 Confirmation No. : 3187  
First Named Inventor : Izumi HATA, et al.  
Filed : December 16, 2003  
TC/A.U. : 2828  
Examiner : Phillip Nguyen  
Docket No. : 029116.53064US  
Customer No. : 23911  
Title : Multi-Axis Laser Machine, Method for Machining with a  
the Same, and Recording Medium Recording Computer  
Program for Controlling the Same

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed May 22, 2006, for which a response is due on August 22, 2006, please amend the above-identified application as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.